South Dakota State Action Plan Table 2024 Application/2022 Annual Report

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
Women/Maternal Health					
Mental Health/Substance Misuse	1.1: Develop partnerships with diverse, multisector stakeholders to promote preventative care for women of childbearing age. 1.2: Create toolkit of resources on Maternal Mental Health/Substance Misuse and Health Equity for OCFS field offices. 1.3: Increase depression screening and referrals to PCP among low-income women within OCFS Community Health offices. 1.4: Develop a policy recommendation with Department of Social Services to create Maternal Medical Homes.	Increase the percent of women, ages 18 through 44, with a preventative medical visit in the past year from 77.4% (2021) to 85.4% in 2025.	NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	***Inactive -*** *ESM 1.1: % of WIC clients with a positive response to Whooley questions that received a PHQ 9 screening* ***Inactive -*** *ESM 1.2: % of WIC clients whose PHQ 9 score met criteria for a referral and were referred* ESM 1.3: # of messages posted promoting well women care ESM 1.4: % of women with positive depression screen who are referred to their PCP within OCFS field offices	NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations NOM 3: Maternal mortality rate per 100,000 live births NOM 4: Percent of low birth weight deliveries (<2,500 grams) NOM 5: Percent of preterm births (<37 weeks) NOM 6: Percent of early term births (37, 38 weeks) NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.2: Neonatal mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.4: Preterm-related mortality rate per 100,000 live

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					births NOM 10: Percent of women who drink alcohol in the last 3 months of pregnancy NOM 11: Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females NOM 24: Percent of women who experience postpartum depressive symptoms following a recent live birth
Perinatal/Infant Health					
Safe Sleep	5.1: Disseminate culturally appropriate safe sleep educational materials, resources, and messages via social media and print. 5.2: Collaborate with Community Health offices across the state to educate birthing families/infant caregivers on evidence based safe sleep practices. 5.3: Collaborate with diverse, multi-sector organizations/agencies to promote safe sleep.	Reduce the number of SUID deaths related to unsafe sleep environment from 139.8/100,000 in 2019 to 103.9/100,000 by 2025 (NVSS) Increase the percent of infants placed to sleep without soft objects or loose bedding from 60.3% in 2021 to 66.3% in 2025 (PRAMS)	NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding	***Inactive -*** *ESM 5.1: % of Child Death Review (CDR) team members who scored above 80% on a post-test* ***Inactive -*** *ESM 5.2: % of daycares who respond to survey and indicate that they follow safe sleep guidelines* ESM 5.3: % of birthing hospitals that receive information on certification process that become safe	NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

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				sleep certified	
Child Health					
Parenting Education and Support	6.1: Utilize Community Health offices and Bright Start Home Visiting Program to provide Ages and Stages developmental screen tool to clients. 6.2: Create new and promote existing parenting resources to support healthy children and families 6.3: Collaborate with partners to identify gaps in parenting education and support and reduce duplication of efforts	Increase the percent of children from non-metropolitan areas 9 through 35 months who received a developmental screening using a parent-completed screening tool in the past year from 22.3% (2019-2020) to 29.4% by 2025 (NSCH)	NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year	***Inactive -*** *ESM 6.1: % of Community Health Offices that distribute tracking cards* ESM 6.2: Percentage of children enrolled in Bright Start Home Visiting that receive a developmental screen by 18 months of age.	NOM 13: Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) NOM 19: Percent of children, ages 0 through 17, in excellent or very good health
Adolescent Health					
Mental Health/Suicide Prevention	7.2.1: Promote evidence-based programs and practices that increase protection from suicide risk. 7.2.2: Create opportunities for Positive Youth Development (PYD) among diverse youth with a health equity lens. 7.2.3: Develop and disseminate equitable and accessible Suicide Prevention education material, resources and messaging. 7.2.4: Develop partnerships with diverse, multi-sector local and state agencies to address youth mental health and suicide prevention among all South Dakota youth.	Decrease the adolescent suicide rate among 15 through 19-year olds from 34.4 per 100,000 (2018-2020) to 26.3 in 2025 (NVSS). Decrease the percentage of 9th-12th graders who attempted suicide in the past 12 months from 12.3% in 2019 to 9.0% in 2025 (YRBS).	NPM 7.2: Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19	***Inactive -*** *ESM 7.2.1: # of students trained in teen Mental Health First Aid* ESM 7.2.2: Number trained in Youth Mental Health First Aid	NOM 15: Child Mortality rate, ages 1 through 9, per 100,000 NOM 16.1: Adolescent mortality rate ages 10 through 19, per 100,000 NOM 16.2: Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000
Healthy Relationships	1.1: Promote evidence-based programs and practices that increase healthy relationship skills, STI prevention and pregnancy prevention. 1.2: Create opportunities for Positive Youth Development (PYD) among diverse youth with a health equity lens.	Decrease the proportion of females aged 15 to 24 years with Chlamydia trachomatis infections attending family planning clinics from 12.1% in 2022 to 11.5% by 2025 (EHR NetSmart).	SPM 1: Increase the percentage of 10-19 year olds who would talk to a trusted adult if someone they were dating or going out with makes them		

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	1.3: Develop and disseminate equitable and accessible healthy relationship, STI prevention, and pregnancy prevention materials, resources and messaging. 1.4: Develop partnerships with diverse, multi-sector local and state agencies to address youth healthy relationships, STI prevention and pregnancy prevention among all SD youth.	Decrease the South Dakota teen birth rate, ages 15 through 19, from 17/1000 in 2021 to 16.56/1000 in 2025 (NVSS)	uncomfortable, hurts them, or pressures them to do things they don't want to do from 58% in 2022 to 60.74% in 2025.		
Children with Special Health Care Needs					
Access to Care and Services	11.1: Enhance equitable family access to needed supports and services. 11.2: Identify and implement strategies to equitably advance medical home components for families of CYSHCN through access to family centered care coordination. 11.3: Coordinate the state newborn screening infrastructure focused on equitable testing and access to follow up services.	Increase the percentage of CYSHCN who report receiving care in a well-functioning system from 20.9% (2019-20) to 21.45% by 2025 (NSCH)	NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home	ESM 11.1: % of families enrolled in care coordination services who report an improvement in obtaining needed referrals to care and/or services	NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system NOM 18: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling NOM 19: Percent of children, ages 0 through 17, in excellent or very good health NOM 25: Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year
Cross-Cutting/Systems Building					
Data Sharing and Collaboration	3.1 Provide access to timely data to internal partners and policymakers to support evidence-based decision making. 3.2 Provide access to relevant data to external partners and communities to support community-level initiatives for prevention. 3.3 Make the application of data equity principles a required element for	Increase the extent to which data equity principles have been implemented in SD MCH data projects from 54.2% in 2021 to 59.6% in 2025.	SPM 3: Percent of data equity principles implemented in South Dakota MCH projects		

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	sharing data and of epidemiologic reports produced by OCFS so that communities, internal and external partners can use it in their own efforts to advance equity. 3.4 Increase collaboration around American Indian data between state and tribal partners 3.5 Improve internal capacity to share data via referrals between different OCFS programs. 3.6 Increase internal capacity for big data linkage.				